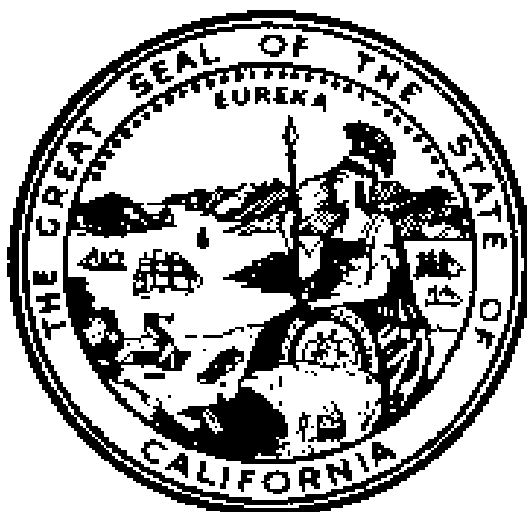


ALCOHOL AND/OR OTHER DRUG PROGRAM

INITIAL CERTIFICATION

APPLICATION BOOKLET

ADP 5085 C



STATE OF CALIFORNIA

HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

LICENSING AND CERTIFICATION DIVISION

RESIDENTIAL AND OUTPATIENT PROGRAMS COMPLIANCE BRANCH

1700 K STREET

SACRAMENTO, CA 95814 - 4037

(916) 322-2911

FAX (916) 322-2658 or 323-0659

TDD (916) 445-1942

REVISED 02/04

**ALCOHOL AND/OR OTHER DRUG PROGRAM
CERTIFICATION
INITIAL APPLICATION CHECKLIST
ADP 5085-C**

SECTIONS A & B

Residential and nonresidential program require separate applications

This form is to assist in identifying forms and documents needed for initial program certification. The following pages describe each item in greater detail. All applicants for initial shall submit the following:

SECTION A

REQUEST FOR INITIAL CERTIFICATION

Initial Application for Alcohol and/or Other Drug Program Certification (**ADP5085 - C**)

1. PROGRAM STAFFING PLAN (SEE ATTACHED FORM)

Initial Application Request for Alcohol and/or Other Drug Program Certification

(ADP5085 – C) – The applicant shall complete all of the information and documentation contained in this application for certification.

(For Departmental Use)

	YES	NO	INCOMPLETE
1. Program staffing plan	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION B

Supportive Documents

Each applicant shall submit to the Department the following documents with the application for certification.)

(For Departmental Use)

PLAN OF OPERATION:	YES	NO	INCOMPLETE
1. ANNUAL LINE ITEM BUDGET	<input type="checkbox"/>	<input type="checkbox"/>	
2. PROGRAM MISSION AND PHILOSOPHY STATEMENT(S)	<input type="checkbox"/>	<input type="checkbox"/>	
3. PROGRAM DESCRIPTION (Detoxification services require separate program description)	<input type="checkbox"/>	<input type="checkbox"/>	
4. A STATEMENT OF PROGRAM OBJECTIVES	<input type="checkbox"/>	<input type="checkbox"/>	
5. PROGRAM EVALUATION PLAN	<input type="checkbox"/>	<input type="checkbox"/>	
6. CONTINUOUS QUALITY MANAGEMENT PLAN	<input type="checkbox"/>	<input type="checkbox"/>	
7. AN OUTLINE OF ACTIVITIES AND SERVICES TO BE PROVIDED BY THE PROGRAM (Detoxification services require separate outline.)	<input type="checkbox"/>	<input type="checkbox"/>	
8. A COPY OF THE ADMISSION, READMISSION, AND INTAKE CRITERIA	<input type="checkbox"/>	<input type="checkbox"/>	
9. A STATEMENT OF NONDISCRIMINATION IN THE EMPLOYMENT PRACTICES AND PROVISION OF BENEFITS AND SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	
10. A COPY OF THE PROGRAM'S PARTICIPANT ADMISSION AGREEMENT	<input type="checkbox"/>	<input type="checkbox"/>	

(For Departmental Use)

	YES	NO	INCOMPLETE
11. A TABLE OF ADMINISTRATIVE ORGANIZATION	<input type="checkbox"/>	<input type="checkbox"/>	
12. COPY(IES) OF THE STAFFING PLAN AND JOB DESCRIPTION(S) SHOWING MINIMUM STAFF QUALIFICATIONS	<input type="checkbox"/>	<input type="checkbox"/>	
13. AN APPROVED FIRE CLEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	
14. APPROVAL FROM THE LOCAL AGENCY AUTHORIZED TO PROVIDE A BUILDING USE PERMIT	<input type="checkbox"/>	<input type="checkbox"/>	
15. COPY OF STATE FACILITY LICENSE (RESIDENTIAL ONLY)	<input type="checkbox"/>	<input type="checkbox"/>	
16. PARTNERSHIP AGREEMENT/ARTICLES OF INCORPORATION/BYLAWS	<input type="checkbox"/>	<input type="checkbox"/>	

FOR DEPARTMENTAL USE



APPLICATION COMPLETE: DATE: _____ BY: _____

**INITIAL APPLICATION REQUEST
FOR
ALCOHOL AND/OR OTHER DRUG PROGRAM
CERTIFICATION
ADP 5085 C**

SECTION A

(Residential and nonresidential programs require separate applications).

(FOR DEPARTMENTAL USE ONLY)

PROGRAM ID: _____ **DATE:** _____

COUNTY: _____ **REVIEWED BY:** _____

(DIRECTIONS TO FACILITY)

1. PROGRAM INFORMATION:

(Name of Program)

(Location to be certified)

(City/State)

(Zip)

(County)

(Telephone number)

(Fax number, if available)

(Mailing Address – if different from above)

(City /State)

(Zip)

2. EXECUTIVE/PROGRAM DIRECTOR:

(Name)	(Title)	(Telephone number)
--------	---------	--------------------

3. PROGRAM CONTACT PERSON:

(Name)	(Title)	(Telephone number)
--------	---------	--------------------

4. LEGAL OWNER INFORMATION:

(Legal name, if corporation, the name filed with Secretary of State):

(Name and title of the officer or employee who acts on behalf of the corporation or association)

(Street Address)	(City/State)	(Zip)
------------------	--------------	-------

5. TYPE OF ORGANIZATION:

- ☐ Profit Corporation ☐ Nonprofit Corporation
- ☐ Sole Proprietor ☐ Partnership ☐ Government Entity
- (If sole proprietor, please complete the Application Supplement for Sole Proprietors.)

6. TYPE OF ALCOHOL AND/OR OTHER DRUG SERVICES PROVIDED:

- A. ☐ Residential C. ☐ Nonresidential:
- B. ☐ Residential Detoxification
1. ☐ Day Treatment
2. ☐ Outpatient
3. ☐ Detoxification

(If detoxification services are provided, please include a protocol as required in Section B Supportive Documents.)

7. TARGET POPULATION TO BE SERVED:

- | | | |
|---|--|---|
| <input type="checkbox"/> 1.1 Co-ed | <input type="checkbox"/> 1.2 Men only | <input type="checkbox"/> 1.3 Women only |
| <input type="checkbox"/> 1.4 Parents/Children | <input type="checkbox"/> 1.5 Youth/Adolescents | <input type="checkbox"/> 1.6 Elderly |
| <input type="checkbox"/> 1.7 Families | <input type="checkbox"/> 1.8 Dual Diagnosis | <input type="checkbox"/> Other |

If other, please identify: _____

8. HOURS OF OPERATION: 24-HOUR FACILITY ☐ YES ☐ NO

(If less than 24-hour operation, provide specific hours of operation)

Monday: _____ Friday: _____

Tuesday: _____ Saturday: _____

Wednesday: _____ Sunday: _____

Thursday: _____

9. DOES THE APPLICANT PROVIDE OTHER SERVICES AT THIS LOCATION?

☐ YES ☐ NO

If yes, please identify the type of service(s) provided:

10. INCLUDE A COPY OF THE PROGRAM'S ANNUAL LINE-ITEM BUDGET.

11. DOES THE APPLICANT HAVE A COUNTY ALCOHOL AND/OR OTHER DRUG PROGRAM CONTRACT? ☐ YES ☐ NO (If yes, identify funding in annual line-item budget.)

12. AUTHORIZED SIGNATURE(S) OF APPLICANT:

1. If the applicant is a sole proprietor, the proprietor shall sign the application.
2. If the applicant is a partnership, each partner shall sign the application.
3. If the applicant is a firm, association, corporation, county, city, public agency, or other governmental entity, the chief executive officer or the individual legally responsible for representing the firm, association, corporation, county, city, public agency, or other governmental entity shall sign the application. The application shall include the resolution or board minutes authorizing the individual to sign.

THE UNDERSIGNED ENSURES THAT THE PROGRAM DOES NOT DISCRIMINATE IN EMPLOYMENT PRACTICES AND PROVISION OF SERVICES ON THE BASIS OF ETHNIC GROUP IDENTIFICATION, RELIGION, AGE, SEX, COLOR OR DISABILITY PURSUANT TO TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 (SECTION 2000d, TITLE 42, UNITED STATES CODE); THE AMERICANS WITH DISABILITIES ACT OF 1990 (SECTION 12132, TITLE 42, UNITED STATES CODE); AND FOR RECIPIENTS OF FINANCIAL ASSISTANCE, THE REHABILITATION ACT OF 1973 (SECTION 794, TITLE 29, UNITED STATES CODE), AND CHAPTER 6 (COMMENCING WITH SECTION 10800).

THE APPLICANT(S) AFFIRMS THAT THE FACTS CONTAINED IN THIS APPLICATION AND SUPPORTING DOCUMENTS ARE TRUE AND CORRECT.

(SIGNATURE)	(TITLE)	(DATE)
-------------	---------	--------

(SIGNATURE)	(TITLE)	(DATE)
-------------	---------	--------

(SIGNATURE)	(TITLE)	(DATE)
-------------	---------	--------

INITIAL APPLICATION REQUEST FOR ALCOHOL AND/OR OTHER DRUG PROGRAM CERTIFICATION

EXPLANATION OF SECTION A

Supportive documents and forms to be submitted to ADP.

1. **Facility Staffing Plan** – Identify the program staff and volunteers.
[Standards Section 3035 a.12.]

EXPLANATION OF SECTION B

Supportive documents and forms to be submitted to ADP.

1. **Annual Line-item Budget** – A line-item budget (projection of revenues and expenditures) for the current fiscal year that correlates with quarterly and annual written operation reports and, if the provider is a nonprofit corporation, is approved by the board of directors. [Standards Section 3035 a. 1.]
2. **Program Mission and Philosophy Statement(s)** – A written statement(s) describing the program's mission and/or philosophy. [Standards Section 3035 a.2.]
3. **Program Description** – A written document that describes the program's alcohol and/or other drug services and settings that are offered according to the severity of alcohol and/or other drug involvement and the program's approach to recovery or treatment which shall include but not be limited to an alcohol and drug free environment.
[Standards Section 3035 a. 3.]
4. **A Statement of Program Objectives** – Written, time-limited and measurable process and outcome objectives that can be verified in terms of time and results and that serve as indicators of program effectiveness. [Standards Section 3035 a. 4.]
5. **Program Evaluation Plan** – A written evaluation plan for management decision making.
[Standards Section 3035 a. 5.]

6. **Continuous Quality Management Plan** – Written policies and procedures for continuous quality management which shall include continuity of activities, participant file review, and recovery or treatment plan review. [Standards Section 3035 a. 6.]
7. **An Outline of Activities and Services to be Provided by the Program** – (ADP 5085) – Show outline for specific activities and services such as: detoxification (if applicable), group and individual sessions, recovery or treatment planning, continuing recovery or treatment planning recreation, self-help activities (AA, NA, CA), and other activities/services. [Standards Section 3035 a. 7.]
8. **Statement of the Admission, Readmission, and Intake Criteria (including detoxification services, if applicable)** – Written admission, readmission, and intake criteria for determining the participant's eligibility and suitability for services and procedures. [Standards Section 3035 a. 8.]
9. **Nondiscrimination in the Provision of Services** – Written assurance that programs shall not discriminate in the provision of services on the basis of ethnic group identification, religion, age, sex, color, or disability, pursuant to Title VI of the Civil Rights Act of 1964 (Section 2000, Title 42, United States Code), The Rehabilitation Act of 1973 (Section 794, Title 29, United States Code); The Americans with Disabilities Act of 1990 (Section 12132, Title 42, United States Code); Section 11135 of the California Government Code; and Chapter 6 (commencing with Section 10800), Division 4, Title 9 of the California Code of Regulations. [Standards Section 3035 a. 9.]
10. **A Copy of the Program's Participant Admission Agreement** – A written admission agreement that shall be signed and dated by the participant and program staff upon admission. The admission agreement shall inform the participant of the following:
[Standards Section 3035 a. 10.]
 - a. Fees assessed for services provided;
 - b. Activities expected of participant;
 - c. Program rules and regulations;
 - d. Participants' statutory rights to confidentiality;
 - e. Participants' grievance procedure; and
 - f. Reasons for termination.
11. **Table of Administrative Organization** – A document showing the lines of authority of all paid and volunteer staff including the board of directors (if applicable) and the community advisory board. Public organizations shall provide an organization chart that reflects the program's placement within a government agency. Private organizations shall provide documentation of the legal authority for the formation of the agency.
[Standards Section 3035 a. 11.]

12. **Job Description, and Minimum Staff Qualification** – (ADP 5085) – Staff job descriptions and the minimum staff qualifications for the positions. [Standards Section 3035 a. 12.]
13. **An Approved Fire Clearance** – Documentation of the most recent fire safety inspection by the local fire authority (no more than 12 months prior to the date that the Department receives the application for certification) assuring that all fire safety requirements have been met. [Standards Section 3035 b.]
14. **Building Use Permit** – Approval from the local agency authorized to provide a building use permit. A local use permit satisfies this requirement. If the local agency authorized to provide a building use permit does not require a use permit, the applicant shall submit a letter from the local agency identifying the location and attesting to the circumstances. A residential program that has a licensed treatment capacity of six beds or less is exempt from the building use permit requirement unless the program is seeking certification for nonresidential services. If the applicant cannot secure a Building Use Permit, from its City or County Planning Department, the attached zoning approval form may be completed to meet this requirement. [Standards Section 3035 c.]
15. **Copy of a State Facility License** – (this only applies to residential facilities that are not licensed by ADP) [Standards Section 3015]
16. **Partnership Agreement/Articles of Incorporation/Bylaws** – If the applicant is a corporation or association, the name and address of the principal place of business of the corporation or association; the name and title of the officer or employee who acts on behalf of the corporation or association; bylaws, and a copy of the articles of incorporation signed and dated by the Secretary of State. [Standards Section 3030 a. 2. B.]

**APPLICATION FOR CERTIFICATION
PROGRAM STAFFING PLAN****INSTRUCTIONS: Use this form to list all staff and volunteers of the program. Designate volunteers by placing a “V” after their name.**

Employee Name and Title	Date Employed	AOD Program Experience ¹	Scheduled Work Hours Per Month	Date of Last TB Test	Expiration Date of CPR Certification	Expiration Date of First Aid Certification

¹ Program Director

WEEKLY SCHEDULE OF RECOVERY, TREATMENT, OR DETOXIFICATION SERVICES

(INCLUDE INDIVIDUAL/GROUP EDUCATION SESSIONS, RECOVERY OR TREATMENT PLANNING)

DETOXIFICATION SERVICES PROVIDED AT THE FACILITY (please check): ☐ YES ☐ NO

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6-7 a.m.							
7-8 a.m.							
8-9 a.m.							
9-10 a.m.							
10-11 a.m.							
11 a.m.-12							
12-1 p.m.							
1-2 p.m.							
2-3 p.m.							
3-4 p.m.							
4-5 p.m.							
5-6 p.m.							
6-7 p.m.							
7-8 p.m.							

TOTAL HOURS PER WEEK OF INDIVIDUAL/GROUP/EDUCATION SESSIONS, RECOVERY OR TREATMENT PLANNING, AND DETOXIFICATION SERVICES (IF PROVIDED): _____

Comments: